

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy

ELECTRONIC STD. 282 (REV. 04/95)

Statement On Reverse Side

Page of Pages

CLAIMANT'S NAME Matthew R. Bettenhausen	SSAN OR EMPLOYEE NUMBER*	DEPARTMENT California Emergency Management Agency
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POSITION Secretary	CB/ID NUMBER E99	DIVISION OR BUREAU Executive	INDEX NUMBER
RESIDENCE*			TELEPHONE NUMBER 916-324-8908

CITY CITY	STATE CA	ZIP CODE 95655	CITY Mather	STATE CA	ZIP CODE 95655
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(1) MONTH/YEAR May/June 2010		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS		(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSE FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH		(A) COST OF TRANS.	(B) TYPE USED	(C) CAREFARE TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
15-May		Heber					\$ 24.35	RC				\$ 24.35
15-Jun	8:00	Sacramento To San Francisco	\$ 157.65			\$ 18.00						\$ 175.65
16-Jun	20:00	San Francisco to Sacramento		\$ 6.00	\$ 10.00	\$ 18.00	\$ 6.00					\$ 40.00
17-Jun	10:30	Sacramento to Truckee	\$ 168.50		\$ 10.00	\$ 18.00		S	\$ 12.00			\$ 208.50
18-Jun	13:00	Truckee to Sacramento		\$ 6.00	\$ 10.00	\$ 6.00						\$ 22.00 12.00
24-Jun	17:30	Chicago to Los Angeles	\$ 126.70			\$ 18.00						\$ 144.70
25-Jun	22:30	Los Angeles to Sacramento		\$ 6.00	\$ 10.00	\$ 18.00	\$ 6.00	10.19	RC	\$ 10.19		\$ 50.19
27-Jun	19:30	Sacramento to Lake Tahoe	\$ 97.08									\$ 97.08
28-Jun	16:00	Lake Tahoe to Sacramento		\$ 6.00	\$ 10.00							\$ 16.00
(10) SUBTOTALS			\$ 549.93	\$ 24.00	40.00 \$ 60.00	\$ 90.00	\$ 18.00	34.54 \$ 24.35	12.00 \$ 22.19			768.47 \$ 778.47

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attached receipts/voucher when required)

5/15: Fuel for rental car in Heber for Baja Earthquake Public Assistance Applicant Briefing and tour Earthquake sites

5/15: Attend CA State Citizen Corps Council meeting; 6/16: Attend Meta Leadership Summit.

3/17-18: Attend CSSA Board Meeting.

3/24: Return from out of state travel to attend 6/25 Disaster Corps event; 6/25: Attend Canada Day event.

3/28: Attend CA-NEVA Cross the Border TTX

(12) NORMAL WORK HOURS

9:00 - 6:00

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

55¢/Mile

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California.

If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and I am not claiming any other expenses pertaining to vehicle safety and seat belt usage.

(16) SIGNATURE

TRAVEL AND PAYMENT

DATE

DATE

17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See item 17 on reverse)